Goddard Space Flight Center



Name (Last, First, Middle Name):									GIN:				his information is:	
													New Revised	
See Instruction Sheet to assist you in completing the front side of this form. Information submitted MUST BE TYPED . NASA/Greenbelt and NASA/Wallops Civil Service Personnel should not complete Items 17-23 in the "GENERAL" section and should sign the "APPROVAL" section for themselves. All employees should complete the "PERSONAL" section.														
GENERAL	1/01 17 1						•					ı		
Part Time Permanent			(Check one) GSFC Greenbelt Contracto GSFC Wallops Civil Servar								On-Site (Fill in 1 - 16 and 20 - 23) Off-Site (Fill in 1 - 11 and 17 - 23)			
		porary	Other				it 0001/0ullillici filic			OII-SILE (FII	1 111 1	- 11 aliu 17 - 23)		
1. Last Name: 2. First Name:							3. MI: 4. Preferred Firs				d First Name:	5. T	itle (See Instructions):	
6. Job Title:									7. Skill Class:				dministrative Level:	
9. Organizational Code: 10. Mail Code: 11. Shift 1= morning shift (5									-	ı-1:00am start)				
Shift 2 = evening shift (3:00pm-7:00pm start) Shift 4 = other/split shift 12. GSFC Extension: 13. GSFC Alternate Extension: 14. Building: 15. Room: 16. Email:														
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17. Off-Site Email (if applicable):								Off-Site Phone: 19. Off-Site Location:						
20. Contract Number: 21. Authorization Type: 22. Prime Co							tor/Orga	ınizati	on Acro	onym: 23. S	Sub-Contracto	or/Or(ganization Acronym:	
PERSONAL Some of the information requested below is subject to the Privacy Act of 1974. See Page 2 for a statement governing its use.														
24. Sex: 25. Date of Female Male			Birth (MM-DI	26. Soci	6. Social Security N		Number: 27. Citizensh		iship: 28. Alien F		Registration Number:			
29. Place of Birth (City/State/Country):														
RESIDENCE														
30. Street:						31.	31. City:							
32. County:				33.	33. State:			34. Zip Code: 35.			i. Home Phone:			
,										·				
EMERGENCY CONTACT														
36. Name:							37. Relation			Relationsh	p: 38. Phone:			
39. Address:														
INFORMATION PROVIDER														
Printed Name of Completing Employee:							Signature of Completing Employee:						Date:	

Privacy Act Statement GSFC Form 24-27 "Locator and Information Services Tracking System" (LISTS) Form

In the U. S. Code, Title 5, Section 301, Title 42, Section 2473, and Title 44, Section 3101, authorize collection of this information. Executive Order 9397 authorizes collection of your Social Security Number when that number will be used as a unique employee identification number. Privacy information requested on GSFC Form 24-27 is collected and maintained pursuant to the NASA System of Records published as "NASA 51LISTS." Providing privacy information is a voluntary action, although failure to do so may result in being denied a GSFC identification badge or access to printed materials in the Library.

The intended official uses of the privacy and personal information are: to assist the Security Office in issuing identification badges and coordination clearance requests; to establish for the Library an authorization for use of its printed materials; to identify the listed emergency contact in case of an emergency to a Center employee or guest worker; and to provide a home address in case an employee or guest worker must be contacted during off hours or for official mailings to a home address.

The official uses of the general (non-privacy/personal) records are: to locate individuals working for or at the Goddard Space Flight Center; to improve services provided to the Center including mailroom operations, space utilization, identification of potentially hazardous work environments, scheduling of annual physical examinations, and maintenance of Center's mainframe user identification names; and as a tool for performing short – and long – term institutional planning.

Additional routine uses of the LISTS information, uses which are standard for many NASA Systems of Records, include law enforcement, disclosure when requesting information, disclosure of requested information, and court proceedings. These uses are cited in full text in the "NASA 51LISTS" System of Records notice.

Paperwork Reduction Act Statement GSFC Form 24-27 "Locator and Information Services Tracking System" (LISTS) Form

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB control number for this collection is 2700-0064 and expires on June 30, 2013. We estimate that it will take 10 minutes to read the instructions, gather the facts, and answer the questions. Submit comments relating to our time estimate to the GSFC Protective Services Division at telephone number (301) 286-7233.

Instructions for Completing GSFC 24-27

This sheet contains instructions for completing the LISTS Data Form, GSFC 24-27. This information will be entered into the Locator Information Services Tracking System (LISTS) for record purposes. You *must* complete this form in order to receive a GSFC Identification Badge. Upon completion, return the form *in person or by encrypted email* to the *Protective Services Division* in Building 9 (Greenbelt), or Code 240 W in Building F160 (Wallops).

Please complete all General items numbered 1-19, contractor and tenant employees must also complete items 20-23. All employees must complete all personal items, numbered 24-29.

GENERAL (All Employees)

- 1. Last Name your current legal last name.
- 2. First Name your complete legal first name.
- 3. Middle initial if any.
- 4. Preferred First name a shortened name or nick name you use (Ed, Chip, Bob, etc.).
- 5. Title/Degree any title you use (Dr., Jr., III, Sr. etc.).
- 6. Job Title/Position your current position (Secretary, Data Technician, Program Analyst, Thermal Engineer, Astrophysicist, Branch Head, Division Chief, etc.).
- 7. Skill Class select the one which best describes you position and use the following code: Wage Grade (WG), Clerical (CT), Professional/Administrative (PA), Technician (T), Scientist/Engineer (SE).
- 8. Administrative Level this refers to your level of responsibility for programs and personnel. This information maybe obtained from the Administrative Level Table of the LIST System.
- 9. Organization Code the code to which you are assigned, or to which your contract is assigned (if a contractor).
- 10. Mail Code the code at which you will receive your mail.
- 11. Shift indicate the correct code for your shift.
 - 1 morning shift (5:00 9:00 am start).
 - 2 evening shift (3:00 7:00 pm start).
 - 3 night shift (9:00 pm 1:00 am start).
 - 4 other/split shift.

Instructions for Completing GSFC 24-27 (Continued)

- 12. GSFC Extension your primary telephone extension.
- 13. GSFC Alternate Extension a secondary telephone extension where you may be reached, or where messages may be left for you.
- 14. Building the number of the building to which are assigned.
- 15. Room the number of the room to which you are assigned.
- 16. Email Address-for receiving emergency electronic correspondence from the Protective Services Division.
- 17. Offsite Email Address (if applicable) Offsite business email.
- 18. Off-Site Phone Number complete only if working off-site.
- 19. Location complete only if working off-site.

Contractors and Tenants Only:

- 20. Contract Number the procurement number for the contract under which you will be working.
- 21. Authorization Type if non-contractor (e.g. tenant), the nature of your authorization to work at Goddard (e.g., Memorandum of Understanding, Host-Tenant Agreement, Grant #, etc.).
- Prime Contractor/Organization Acronym this information may be obtained from Acronyms Table of the LIST System or contact the Protective Services Division.
- 23. Sub-Contractor/Employer Acronym if applicable, this information may be obtained from the Acronyms Table of the LIST System.

PERSONAL (All Employees):

- 24. Sex indicate using "M" or "F".
- 25. Birth Date provide in month, date, year order (e.g. JAN-01-1970).
- 26. Social Security Number indicate your SSN.
- 27. Place of Birth indicate city/state/country.
- 28. Citizenship if not United States, indicate nation of which you are citizen. If a U.S. citizen, fill in the letter "USA".
- 29. Alien Registration No. provide this number if a resident alien.

RESIDENCE:

- 30. Street current residence address.
- 31. City current residence address.
- 32. County current county of residence (spell out fully).
- State current state of residence.
- 34. ZIP Code current residence address.
- 35. Home Phone current home telephone number.

EMERGENCY CONTACT:

- 36. Name name of an emergency contact during working hours.
- 37. Relationship relationship of emergency contact to you.
- 38. Phone Number telephone number of emergency contact during work hours.
- 39. Address mailing address of emergency contact (if same as home residence address noted above, enter "same").

GSFC Form 24-27 (January 2013) Previous editions are obsolete.